

# PROOF OF CLAIM

<p style="text-align: center;"><b>United States Bankruptcy Court</b> <b>District of Idaho</b></p> <p style="font-size: small;">Instructions: Complete this form and mail to: <b>US Bankruptcy Court, 250 S 4<sup>th</sup> AVE, FED BLDG, Pocatello, ID 83201</b></p> <p style="font-size: x-small; color: gray;">United States Courts 801 East Sherman Pocatello, Idaho 83201</p>		<p style="text-align: center;"><b>PROOF OF CLAIM</b> Chapter (please check appropriate box):</p> <p>7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input checked="" type="checkbox"/></p> <p><b>Proof of Claim Form and Supporting Documents are to be filed in DUPLICATE in Chapter 12 and 13 cases.</b></p>		<p style="text-align: center; font-size: x-small;">THIS SPACE FOR COURT USE ONLY</p>	
<p>In Re: (NAME OF DEBTOR): <b>Vladimir Paniouchkine &amp; Tatyana Paniouchkine db Pantrans Inc</b></p>		<p><b>CASE NUMBER: 99-41879</b></p>		<p style="font-size: x-small;">THIS SPACE FOR COURT USE ONLY</p> <p style="font-size: 2em; color: gray; transform: rotate(-15deg);">55</p>	
<p>NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property):</p> <p style="margin-left: 20px;"><b>IDAHO DEPARTMENT OF LABOR Employer Accounts Bureau 317 W Main St. Boise, ID 83735-0760</b></p>		<p><b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC § 503.</p>			
<p>ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <b>0001861891</b></p>		<p>Check here if this claim: <input type="checkbox"/> REPLACES <input type="checkbox"/> AMENDS a previously filed claim dated:</p>			
<p>1. BASIS FOR CLAIM: <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Inj./Wrongful Death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Assignment</p> <p><input type="checkbox"/> Retiree Benefits as defined in 11 U.S.C. § 1114(a)</p> <p><input type="checkbox"/> Wages, salaries and compensation: Social Security #:</p> <p>Unpaid compensation for services performed from _____ to _____</p> <p style="text-align: center; font-size: x-small;">DATE                      DATE</p> <p><input type="checkbox"/> Overpayment of unemployment compensation benefits paid to debtor per attached determination which was not appealed, and of which \$ _____ is still due and owing.</p>					
<p>2. DATE DEBT OCCURRED: <b>1st quarter 1999 thru 3rd quarter 1999</b></p>			<p>3. IF COURT JUDGMENT, DATE OBTAINED:</p>		
<p>4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following:</p> <p style="margin-left: 40px;">a. Secured    b. Unsecured Nonpriority    c. Unsecured Priority</p> <p>It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME THE CASE WAS FILED.</p>					
<p><b>SECURED CLAIM: \$</b></p> <p>Attach evidence of perfection of security interest</p> <p>Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle</p> <p><input type="checkbox"/> Other (Describe Briefly)</p> <p>Amount of Arrearage and other charges at time case was filed included in secured claim above, if any: \$</p>			<p><b>UNSECURED PRIORITY CLAIM: \$645.53</b></p> <p>SPECIFY THE PRIORITY OF THE CLAIM:</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$4000, earned not more than 90 days before the filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) 11 USC § 507(a)(3).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(4).</p> <p><input type="checkbox"/> Up to \$1800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 USC § 507(a)(6).</p> <p><input checked="" type="checkbox"/> Taxes or penalties of governmental units - 11 USC § 507(a)(7).</p> <p><input type="checkbox"/> Other—Specify applicable paragraph of 11 USC § 507(a)_____.</p>		
<p><b>UNSECURED CLAIM: \$</b></p> <p>A claim is unsecured if there is not collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.</p>					
<p>5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED:</p> <p style="margin-left: 20px;">UNSECURED: \$                      SECURED: \$                      PRIORITY: \$645.53                      TOTAL: \$645.53</p> <p><input type="checkbox"/> Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.</p>					
<p>6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to the debtor.</p>					<p style="font-size: x-small;">THIS SPACE FOR COURT USE ONLY</p>
<p>7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices, assignments, deficiency documents, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p>					
<p>DATE: <b>4/11/2000</b></p>		<p>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).</p> <p style="text-align: center;"><i>Becky Hays</i></p> <p style="text-align: center;">Becky Hays, Bankruptcy Specialist                      1-800-448-2977 or 208/334-6387</p>			

STATE OF IDAHO DEPARTMENT OF LABOR

## EMPLOYER QUARTERLY

## UNEMPLOYMENT INSURANCE TAX REPORT

COPY

Accounting Bureau

317 Main Street

Boise, ID 83725-0810

208-334-8318 or 800-448-2877

State Account No: 0001861891

Federal ID No: 820502848

Post-It® Fax Note 7671

Date	4/11/00	# of pages	3
To	Becky Hays		
From	Lori McCree		
Co./Dept.	Co.		
Phone #	Phone #		
Fax #	Fax #		

ADDRESS or DATE

Legal Entity Name and Address

VLADIMIR PANIOVCHKINE  
VIVAT LOGISTICS/PAN TRANS  
255 BONNY DR  
TWIN FALLS ID 83301

New Owners:

Censed Operations:

Effective Date:

Amended to replace all prior reports submitted.  
IMPORTANT: MAKE NO PRIOR QUARTER ADJUSTMENTS ON THIS REPORT.

2. Date Quarterly Tax Report Is Due:		4/30/99
3. Year Wages Were Paid:		1999
Calendar Quarter Wages Were Paid:		1
4. Tax Rate:	Contribution Rate	Administrative Reserve Rate
	1.455	0.000
		Workforce Development Rate
		0.045
5. Total Gross Wages Paid To All Employees This Quarter. Enter "0" If No Employment. (Should be the same as your Wage Report total) (Drop Cents)		8,855
6. Wages Paid To Individual Workers This Quarter In Excess of \$23,600 For This Calendar Year. (See Instructions) (Drop Cents)		0.00
7. Taxable Wages: (Line 5 Minus Line 6) (Drop Cents)		8,855.00
8. Tax Due: (Multiply Line 7 by 0.015 -OR- 1.50 %)		132.82
9. Add (Important: Penalty Cannot Exceed Tax) Enter the larger of: Late 2% of Tax Due Times Number of Months (or part month) After Due Date -OR- Penalty: \$10.00 Times Number of Months (or part month) After Due Date		110.00 70.00
10. Total Due For This Quarter: (Line 8 Plus Line 9)		242.82
11. Prior Balance: (Subtract Credit or Add Bal. Due. Attach Supporting Documents.)		0.00
12. Total Amount Due: (Lines 10 and 11. Make Checks Payable To Idaho DOL.)		242.82
13. Number Of Workers In The Pay Period That Included The 12th Of The Month. If No Employees, Enter Zero. Do Not Leave Blank.		1st Month 2nd Month 3rd Month

I Certify That The Information On This Report Is True And Correct Under Criminal Penalty Provisions Of The Idaho Code Section 72-1371

Signature

Date

Phone Number

OFFICE USE

DATE RECEIVED OR POSTMARKED

3/21/00

NO 26

F20

## STATE OF IDAHO DEPARTMENT OF LABOR

Accounting Bureau

317 Main Street

Boise, ID 83736-0010

208-334-8318 or 800-448-2977

## EMPLOYER QUARTERLY

## UNEMPLOYMENT INSURANCE TAX REPORT

State Account No: 0001861891

Federal ID No: 820502848

COPY

Legal Entity Name and Address

VIADIMIR PANIOVCHKINE

VIVAT LOGISTICS/PAN TRANS

255 BONNY DR

TWIN FALLS

ID 83301

Show below any changes in NAME, MAILING ADDRESS or OWNERSHIP together with the EFFECTIVE DATE.

New Name:

New Mailing Address:

Ownership Changed:

Effective Date:

New Owners:

Ceased Operations:

Effective Date:

*Amended to replace all previous reports*

IMPORTANT: MAKE NO PRIOR QUARTER ADJUSTMENTS ON THIS REPORT.

2. Date Quarterly Tax Report Is Due:		4/30/99
3. Year Wages Were Paid:		1999
Calendar Quarter Wages Were Paid:		2
4. Tax Rate:	Contribution Rate	Administrative Reserve Rate
	1.455	0.000
	+	Workforce Development Rate
		0.045
		= 1.50 %
5. Total Gross Wages Paid To All Employees This Quarter. Enter "0" If No Employment; (Should be the same as your Wage Report Total)		19,672
6. Wages Paid To Individual Workers This Quarter In Excess of \$23,600 For This Calendar Year: (See Instructions)		0.00
7. Taxable Wages: (Line 5 Minus Line 6)		19,672.00
8. Tax Due: (Multiply Line 7 by 0.015 -OR- 1.50 %)		295.08
9. Add	(Important: Penalty Cannot Exceed Tax) Enter the larger of:	80.00
Late	2% of Tax Due Times Number of Months (or part month) After Due Date -OR-	40.00
Penalty:	\$10.00 Times Number of Months (or part month) After Due Date	375.08
10. Total Due For This Quarter: (Line 8 Plus Line 9)		335.08
11. Prior Balance: (Subtract Credit or Add Bal. Due. Attach Supporting Documents.)		0.00
12. Total Amount Due: (Lines 10 and 11. Make Checks Payable To Idaho DOL.)		335.08
13. Number Of Workers In The Pay Period That Included The 12th Of The Month. If No Employees, Enter Zero. Do Not Leave Blank.		537
		1st Month 2nd Month 3rd Month
I Certify That The Information On This Report is True And Correct Under Criminal Penalty Provisions Of The Idaho Code Section 72-1371		
Signature		Date
		Phone Number

OFFICE USE

DATE RECEIVED OR POSTMARKED

3/31/00

NO 26

STATE OF IDAHO DEPARTMENT OF LABOR

Accounting Bureau

317 Main Street

Boise, ID 83736-0610

208-334-8318 or 800-448-2977

## EMPLOYER QUARTERLY

## UNEMPLOYMENT INSURANCE TAX REPORT

State Account No: 0001861891

Federal ID No: 820502848

COPY

Local Entity Name and Address

VLADIMIR PANIOVCHKINE

VIVAT LOGISTICS/PAN TRANS

255 BONNY DR

TWIN FALLS ID 83301

Amended -

To replace all

prior reports submitted

Show below any changes in NAME, MAILING ADDRESS or OWNERSHIP together with the EFFECTIVE DATE.

New Name:

New Mailing Address:

Ownership Changed:

Effective Date:

New Owners:

Ceased Operations:

Effective Date:

IMPORTANT: MAKE NO PRIOR QUARTER ADJUSTMENTS ON THIS REPORT.

2. Date Quarterly Tax Report is Due:		4/30/99
3. Year Wages Were Paid:		1999
Calendar Quarter Wages Were Paid:		3
4. Tax Rate:	Contribution Rate 1.455 +	Administrative Reserve Rate 0.000 +
		Workforce Development Rate 0.045 =
		1.50 %
5. Total Gross Wages Paid To All Employees This Quarter. Enter "0" If No Employment: (Should be the same as your Wage Report Total)		6,508
6. Wages Paid To Individual Workers This Quarter In Excess of \$23,600 For This Calendar Year: (See Instructions)		0.00
7. Taxable Wages: (Line 5 Minus Line 6)		6,508.00
8. Tax Due: (Multiply Line 7 by 0.015 -OR- 1.50 %)		97.62
9. Add (Important: Penalty Cannot Exceed Tax) Enter the larger of: Late 2% of Tax Due Times Number of Months (or part month) After Due Date -OR- Penalty: \$10.00 Time Number of Months (or part month) After Due Date		50.00 10.00
10. Total Due For This Quarter: (Line 8 Plus Line 9)		147.62 107.62
11. Prior Balance: (Subtract Credit or Add Bal. Due. Attach Supporting Documents.)		0.00
12. Total Amount Due: (Lines 10 and 11. Make Checks Payable To Idaho DOL.)		107.62 537.91 645.53
13. Number Of Workers In The Pay Period That Included The 12th Of The Month. If No Employees, Enter Zero. Do Not Leave Blank.		1st Month 2nd Month 3rd Month
I Certify That The Information On This Report is True And Correct Under Criminal Penalty Provisions Of The Idaho Code Section 72-1371.		
Signature		Date
		Phone Number

OFFICE USE

DATE  
RECEIVED OR  
POSTMARKED

3/21/00

NO 26